

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      **OR**      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	FA0803USNA
First Named Inventor	William F. Graham Et. Al.
COMPLETE IF KNOWN	
Application Number	10/668991
Filing Date	September 22, 2003
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COATING COMPOSITIONS CONTAINING A FLUORINATED ORGANOSILANE POLYMER**

(Title of the Invention)

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) **09/22/2003** as United States Application Number or PCT International

Application Number **10/668991** and was amended on (MM/DD/YYYY) (if applicable).

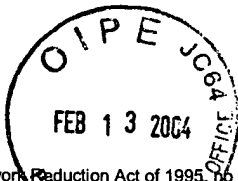
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

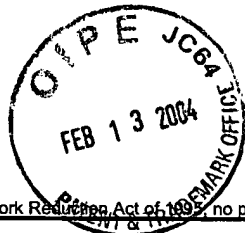


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PTO/SB/01 (08-03)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <b>23906</b> <b>OR</b> <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
WILLIAM F.		GRAHAM	
Inventor's Signature <i>William F. Graham</i>			Date <i>01/16/04</i>
Residence: City	State	Country	Citizenship
WILMINGTON	PENNSYLVANIA	US	US
Mailing Address 29 NEWPORT DRIVE			
City	State	ZIP	Country
WAYNE	PENNSYLVANIA	19087	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DOUGLAS ROBERT		ANTON	
Inventor's Signature <i>Douglas Robert Anton</i>			Date <i>1/16/04</i>
Residence: City	State	Country	Citizenship
WILMINGTON	DELAWARE	US	US
Mailing Address 6 PERTH DRIVE			
City	State	ZIP	Country
WILMINGTON	DELAWARE	19803	US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>  X  </u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

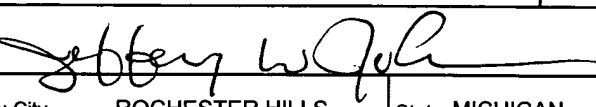
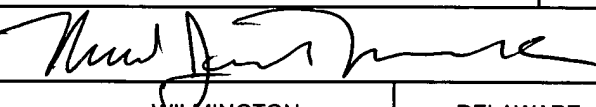
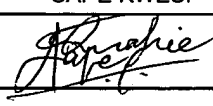


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## DECLARATION

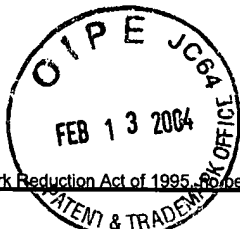
## ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JEFFERY W.		JOHNSON	
Inventor's Signature 		Date <u>1/27/04</u>	
Residence: City	ROCHESTER HILLS	State	MICHIGAN
Country	US	Citizenship	US
Mailing Address 1253 HARVARD DRIVE			
Mailing Address			
City	ROCHESTER HILLS	State	MICHIGAN
Zip	48307	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MICHAEL JOSEPH		MICHALCZYK	
Inventor's Signature 		Date <u>2/6/07</u>	
Residence: City	WILMINGTON	State	DELAWARE
Country	US	Citizenship	US
Mailing Address 16 SERVAN COURT			
Mailing Address			
City	WILMINGTON	State	DELAWARE
Zip	19805	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SAPE KWESI		QUASHIE	
Inventor's Signature 		Date <u>1/30/04</u>	
Residence: City	SOUTHFIELD	State	MICHIGAN
Country	US	Citizenship	US
Mailing Address 30060 NORTHGATE DRIVE			
Mailing Address			
City	SOUTHFIELD	State	MICHIGAN
Zip	48076	Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/668991		
Filing Date	September 22, 2003		
First Named Inventor	William F. Graham Et. Al.		
Title	COATING COMPOSITIONS CONTAINING A FLUORINATED ORGANOSILANE POLYMER		
Art Unit		Examiner Name	
Attorney Docket Number	FA0803USNA		

I hereby appoint:



Practitioners at Customer Number:

23906

OR



Practitioner(s) named below:

Name	Registration Number
STEVEN C. BENJAMIN	36,087
SUDHIR G. DESHMUKH	33,677

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The above-mentioned Customer Number:

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The address associated with Customer Number:

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

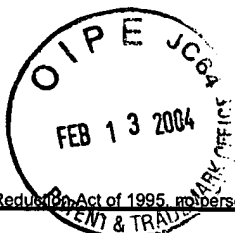
Name	William F. Graham		
Signature	<i>William F. Graham</i>		
Date	Jan. 16, 2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Douglas Robert Anton

Signature 

Date 1/16/04

Telephone

215-539-6224

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Jeffery W. Johnson		
Signature			
Date	1/27/04	Telephone	248 583 8411

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

Michael Joseph Michalczyk

Signature

Date

2-6-2004

Telephone

302-999-4605

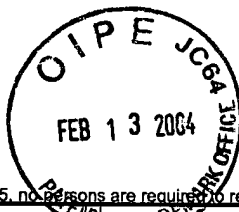
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<input type="checkbox"/> Firm or Individual Name					
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Telephone		Fax			

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Sape Kwesi Quashie		
Signature			
Date	Jan. 30, 2004	Telephone	(248) 583-8373

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